

VOLUNTEER DRIVER FORM

1.	dates.	ng students from <u>ECOLE SECONDAIRE MARK R. ISFELD SECONDARY</u> for activities on various
2. I have provided the Principal with the following (please check):		ed the Principal with the following (please check):
	a)	Or call ICBC at 1-800-950-1498 (press "3" when prompted) to request a <i>Public Driver's Abstract</i> , to be emailed to Tina Fagan at tina.fagan@sd71.bc.ca
	b)	Criminal Record Check- required for <u>all</u> school volunteers. Online: https://justice.gov.bc.ca/criminalrecordcheck Access Code: MVLBJR7WMD
	c)	A copy of my driver's licence
	d)	ICBC Vehicle Insurance
	e)	Insurance papers showing the vehicle I am driving has at least \$1,000,000 in third party liability and the description of vehicle.
3.	To the best of my knowledge, the vehicle I will drive is in sound mechanical condition and is safe for transporting students.	
4.	. I will ensure that each passenger will wear a seatbelt and that the seatbelt will be in good working order	
5.	For trips to Mount Washington, I certify that the vehicle I will drive has chains that can be used if necessary.	
Driv	ver's name:	
Driver's signature:		: X
Phone number:		HC
Date	e:	
Prin	cipal's signatu	ure:
Date	e:	

Personal information contained in this form is collected and protected under the authority of the *Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

